## Gouplete and send this form, together with applicable fee(s), to: Mail

## PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

TENT & TRADERINE	JAN	8	or <u>Fax</u>	Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	rm should reson the fragment of the below or directed otherwise is	nsmitting the ISSU Patent, advance or in Block 1, by (a		ATION FEE (if requ of maintenance fees v orrespondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  22878 7590 11/09/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	INOLOGIES, INC. Property admin 01/24/2005 HDEME	•	EGAL 1078 09033901	Cer I hereby certify that th States Postal Service vaddressed to the Mai transmitted to the USP	rtificate of Mailing or Tran. his Fee(s) Transmittal is bein with sufficient postage for fit Stop ISSUE FEE address TO (703) 746-4000, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
M/C DT 420	20			Shirley A. Gonzales (Depositor's name)		
LOVELAND, CO 80537-0599 1400.00 DR				Shirle	ua. Omz	(Signature)
				01/18/05	1	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/033,901	02/28/1998	JAMES T. BACHMA			10980710-1	2649
TLE OF INVENTION: METHOD FOR SHOWING THE EXECUTION TRAIL OF OBJECT						
THE OF INVENTION, M		THE EXECUTION	TRAIL OF OBJECT	s ava diva mean		NO.
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370		\$0	\$1370	02/09/2005
EXAMINER		ART UN	IT CL	ASS-SUBCLASS		
LUU, SY D		2174		345-772000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appear on the asubstitute for filing	ne patent. If an assign an assignment.	ee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Agilent Technologies, Inc. Palo Alto, CA						
Please check the appropriate	assignee category or category	ries (will not be pri	nted on the patent):	☐ Individual ☐ Co	orporation or other private gr	oup entity Government
4a. The following fec(s) are enclosed:  4b. Payment of Fee(s):						
				ount of the fee(s) is en		
☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpoperation of this form. ☐ Deposit Account Number 50-1078 (enclose an extra copy of this form).						credit any overnavment to
·			Deposit Account Nur	nber 50-1078	(enclose an extra c	opy of this form).
	(from status indicated above MALL ENTITY status. See		h Applicant is no	longer claiming SMAI	LL ENTITY status. See 37 C	FR 1 27(a)(2)
				-		
NOTE: The Issue Fee and Punterest as shown by the reco	iblication Fee (if required) virds of the United States Pate	will not be accepted ent and Trademark	from anyone other th Office.	an the applicant; a regi	y paid issue fee to the applications stered attorney or agent; or the	he assignee or other party in
Authorized Signature	June 1830	riscare	N	Date /-	-11-05	
	June L. Bousca			No. 37,928		
diexandria, virginia 22313-1	1430.				he public which is to file (an minutes to complete, includir mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB control	